

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 26 1933

# MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Do not use this space.

26614

## 1. PLACE OF DEATH

County Jackson  
Township Boonville  
City Boonville

Registration District No. 889  
Primary Registration District No. 1608

File No. 3365  
Registered No. 32 Ward

## 2. FULL NAME

(a) Residence, No. 1618 E. 24th St., Ward.

(Usual place of abode)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female  
4. COLOR OR RACE Colored  
5. SINGLE, MARRIED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  Eugene McDaniel  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unk 1878  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
(?) 55

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —  
10. Date deceased last worked at this occupation (month and year) —  
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Va.

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) General Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland DATE 8/23/33

19. UNDERTAKER (ADDRESS) Hickins Bros.

20. FILED 8/23 19 33 W. Va. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-20 19 33

22. I HEREBY CERTIFY, That I attended deceased from 8-6 19 33 to 8-20 19 33  
last saw her alive on 8-20 19 33 Death is said to have occurred on the date stated above, at 11:00 P.

The principal cause of death and related causes of importance were as follows:

Chronic Valvular disease of heart  
Terminal Bronchitis - Pneumonia

Other contributory causes of importance: —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? — Date of injury —, 19 —

Where did injury occur? — (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —  
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify —

(Signed) R. O. Lundy M. D.  
(Address) General Hospital #2

